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**From:** olympia plaza <olympiarx@yahoo.com>  
**Sent:** Thur 10/1/2020 1:41:09 AM (UTC)  
**To:** Jonathan Nicholls <jonathann@safechain.com>  
**Cc:** olympia plaza <olympiarx@yahoo.com>, Josh Thorburn Rx Pharmacist <joshuathorburn@hotmail.com>, Accounting <accounting@safechain.com>, Abbie Divilio <abbied@safechain.com>, Pat Boyd <patb@safechain.com>  
**Subject:** Olympia plaza Pharmacy product return  
**Attachment:** 2020-9-11\_INV.01I32805066726.pdf  
**Attachment:** Safe Chain Order Pedigree Sept 2020.pdf  
**Attachment:** Safe Chain order return 9-2020.xlsx

Hello:

As per our agreement, please see the attached list of the product set out for return. Apologies for the delay, we have been short staffed.

8 Descovy have been used. The lot numbers are 7 x **LOT 021088 and 1 x LOT 6425304A.**

Please issue the RMA and email to us alone with the shipping label.

Note: Invoice 01I32805 is incorrect: Should be \$3,227.14, not \$3,277.14, please correct and send us an updated invoice with the correct amount.

Once you received and process the return, please send us an updated credit, reflecting credit for the returned merchandise.

Question: could you obtain Juluca (10 per month) and Dovato (5per month) from your vendors?

Please let me know.

Respectfully,

Emil Borokhovich, RN-C, MSN, FNP  
Pharmacy Manager

***Please click here to visit our Gift Shop for exciting selection of eclectic gifts for all occasions:***

<https://olympiagifts.com/>

GOVERNMENT  
EXHIBIT

179

1:24-cr-20255-WPD

Olympia Plaza Pharmacy  
5901 W. Olympic Blvd  
Suite 103  
Los Angeles, CA 90036  
[www.OlympiaPlazaRx.com](http://www.OlympiaPlazaRx.com)

*(323) 937-2590 phone*  
*(323) 937-0259 fax*  
*(213) 804-5678 mobile*

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Confidentiality Note: The information and/or documents contained in this e-mail may contain information that is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named in the address field. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, forwarding or the taking of any action in reliance on the contents of this electronic information is strictly prohibited, and that the documents shall be returned to the sender at this company immediately. In this regard, if you have received this electronic transmission in error, please notify us by telephone (323-937-2590) or return e-mail immediately and permanently delete this message in all your mailbox as well.



**SafeChain  
Solutions**

**SAFE CHAIN SOLUTIONS, LLC  
822 CHESAPEAKE DRIVE  
CAMBRIDGE, MD 21613**

**Tel: 855-437-5727  
Fax: 866-930-1128  
RS0477617**

# Invoice

**Remit To:**  
**Safe Chain Solutions, LLC  
PO Box 479  
Souderton, PA 18964**

**Tel: 855-437-5727  
Fax: 855-614-4118**

**Inv Number**  
**01132805**  
**Page: 1**

**www.safechain.com  
accounting@safechain.com**

<b>Bill-to:</b> 09-CA0141
OLYMPIA PLAZA PHARMACY INC 5901 W OLYMPIC BLVD STE 103 ATTN: ACCTS PAYABLE LOS ANGELES CA 90036

<b>Ship-to:</b> PHAR 001
OLYMPIA PLAZA PHARMACY INC 5901 W OLYMPIC BLVD STE 103 ATTN: PHARMACIST LOS ANGELES CA 90036

<b>Invoice Date:</b>	09/11/20	<b>Salesman:</b>	Jon Nichols
<b>Ship Date:</b>	09/11/20	<b>Ship Via:</b>	UPS NEXT DAY SAVER
<b>Our Order No:</b>	01S30135001	<b>Customer Order #:</b>	None
		<b>Terms:</b>	NET 30
<b>License</b>	PHY48416 Exp: 04/01/21		LicExp:04/01/21
<b>Special Instructions:</b>	FREE NDAS ADD CANDY		

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	G61958-1201-01 STRIBILD TAB 30CT 150/150/200/300 MG NDC#: 61958-1201-01 Prod Strength: 150-150-200-300 MG Prod Size: 30 EA Lot #: 016341 Expiration Date: 08/31/21	1	EA	1	EA	0	3277.14	EA	3,277.14
				1					
	<b>SUB TOTAL</b>								3,277.14
	<b>INVOICE TOTAL</b>								\$3,277.14
	<b>CARTON TRACKING NUMBERS:</b> CTN#1 1Z7156792990029383 Additional License Information State License for MD - Origin D03211 Exp 05/31/21 State License for CA - Destination PHY48416 Exp 04/01/21								
	<b>PLEASE NOTE OUR NEW REMIT TO ADDRESS</b>								

<b>Cartons:</b> 1	<b>Weight:</b> 0.4
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\* Non-Taxable

**Drug Supply Chain Security Act Document** Doc# 00000015090**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: DESCOVY TAB 30CT, 200/25MG NDC: 61958-2002-01			Reference Number: 01I32431
			Document Type: Invoice
			Reference Date: 09/04/20
Lot Number	Quantity	Unique Serial #	
021088	17 ✓	Use a 7 bottles	

*Returning 10 bottles*

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES  
 Manufacturer's information: 1800 WHEELER AVE LA VERNE, CA 91750

<b>SOLD TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 7/24/20 114185	<b>SHIPPED TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 7/24/20 114185
<b>SOLD TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/03/20 851039	<b>SHIPPED TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 8/3/20 851039
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/07/20 PO#01209221	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/12/20 RC#013601
<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/04/20 01S30114001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/04/20 01S30114001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;  
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
 (D) did not knowingly ship a suspect or illegitimate product;  
 (E) had systems and processes in place to comply with verification requirements under section 582;  
 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.



**Drug Supply Chain Security Act Document** Doc# 00000015208**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: DESCOVY TAB 30CT, 200/25MG NDC: 61958-2002-01			Reference Number: 01132431
			Document Type: Invoice
			Reference Date: 09/04/20
Lot Number	Quantity	Unique Serial #	
6425304A	13 ✓	Used 1 bottle	

*Returning 12 bottles*

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES  
 Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 7/24/20 114185	<b>SHIPPED TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 7/24/20 114185
<b>SOLD TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/03/20 851039	<b>SHIPPED TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 8/3/20 851039
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 08/07/20 PO#01209222	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 08/17/20 RC#013661
<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/04/20 01S30114001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/04/20 01S30114001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;  
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
 (D) did not knowingly ship a suspect or illegitimate product;  
 (E) had systems and processes in place to comply with verification requirements under section 582;  
 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.

**Drug Supply Chain Security Act Document** Doc# 00000015208**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: DESCOVY TAB 30CT, 200/25MG NDC: 61958-2002-01			Reference Number: 01I32431 Document Type: Invoice Reference Date: 09/04/20
Lot Number	Quantity	Unique Serial #	
021086	1 ✓		
021087	6 ✓		
021596	13 ✓		

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES  
 Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 7/24/20 114185	<b>SHIPPED TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 7/24/20 114185
<b>SOLD TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 08/03/20 851039	<b>SHIPPED TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 8/3/20 851039
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<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/04/20 01S30114001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/04/20 01S30114001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

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 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <u><b>01132431</b></u>
NDC: <b>61958-1901-01</b>			Document Type: <u><b>INVOICE</b></u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u><b>09/01/2020</b></u>
19GV020UA	1		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 WHEELER AVE LA VERNE, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref : <b>07/10/20 PO#160052</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref : <b>07/10/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Purchased & Ref : <b>07/21/20 PO#1SN3478</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Received & Ref : <b>07/21/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref : <b>07/30/20 PO#01A2752</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref : <b>07/30/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref : <b>08/04/20 PO#01209134</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref : <b>08/04/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref : <b>09/01/20 PO#9255</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref : <b>09/01/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <u>01I32431</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/01/2020</u>												
NDC: 61958-1901-01															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> <tr> <td>19GV020UA</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Lot Number	Quantity	Unique Serial #	19GV020UA	1										
Lot Number	Quantity	Unique Serial #													
19GV020UA	1														

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref : <b>9/4/20</b> <b>01S30114001</b>	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref : <b>9/4/20</b> <b>01S30114001</b>
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <u>01132431</u>
NDC: 61958-1901-01			Document Type: <u>INVOICE</u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u>09/01/2020</u>
020717	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 WHEELER AVE LA VERNE, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref :    07/09/20    PO#160048	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref :    07/09/20
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Purchased & Ref :    07/29/20    PO#1SN3492	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Received & Ref :    07/29/20
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref :    08/03/20    PO#01A2759	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref :    08/03/20
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref :    08/05/20    PO#01209165	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref :    08/05/20
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref :    09/01/20    PO#9255	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref :    09/01/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
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 (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <u>01I32431</u>
NDC: 61958-1901-01			Document Type: <u>INVOICE</u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u>09/01/2020</u>
020717	1		

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref : <b>9/4/20</b> <b>01S30114001</b>	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref : <b>9/4/20</b> <b>01S30114001</b>
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <b>01132431</b>
NDC: <b>61958-1901-01</b>			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/01/2020</b>
CCXCVA	21 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 WHEELER AVE LA VERNE, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Purchased & Ref : <b>07/17/20 PO#160079</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Received & Ref : <b>07/17/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Purchased & Ref : <b>07/24/20 PO#1SN3485</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Received & Ref : <b>07/24/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Purchased & Ref : <b>08/04/20 PO#01A2763</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Received & Ref : <b>08/04/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Purchased & Ref : <b>08/06/20 PO#01209190</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Received & Ref : <b>08/06/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Purchased & Ref : <b>09/01/20 PO#9255</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Received & Ref : <b>09/01/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <b>01I32431</b>
NDC: 61958-1901-01			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/01/2020</b>
CCXCVA	1		

## (TH) Transaction History

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref : <b>9/4/20</b> <b>01S30114001</b>	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref : <b>9/4/20</b> <b>01S30114001</b>
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <u>01I32431</u>
NDC: 61958-1901-01			Document Type: <u>INVOICE</u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u>09/01/2020</u>
19GV022UA	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 WHEELER AVE LA VERNE, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref :      07/23/20      PO#160098	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref :      07/23/20
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Purchased & Ref :      07/28/20      PO#1SN3490	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Received & Ref :      07/28/20
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref :      08/03/20      PO#01A2759	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref :      08/03/20
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref :      08/06/20      PO#01209190	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref :      08/06/20
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref :      09/01/20      PO#9255	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref :      09/01/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>GENVOYA TAB 30CT</b>			Reference Number: <u>01132431</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/01/2020</u>											
NDC: 61958-1901-01														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Lot Number</th> <th style="width: 33%;">Quantity</th> <th style="width: 33%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>19GV022UA</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	19GV022UA	1									
Lot Number	Quantity	Unique Serial #												
19GV022UA	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref : <b>9/4/20</b> <b>01S30114001</b>	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref : <b>9/4/20</b> <b>01S30114001</b>
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>ATRIPLA TAB 30CT</b>			Reference Number: <b>01132431</b>
NDC: 15584-0101-01			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>07/31/2020</b>
015850	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 WHEELER AVENUE LA VERNE, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Purchased & Ref : <b>05/01/20 PO#159632</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Received & Ref : <b>05/11/20</b>
<b>SOLD TO:</b> Name: <b>LMP Pharmacy</b> Address: <b>7535 Main Str Flushing, NY 11367</b> Date Purchased & Ref : <b>05/26/20 PO#5248</b>	<b>SHIPPED TO:</b> Name: <b>LMP Pharmacy</b> Address: <b>7535 Main Str Flushing, NY 11367</b> Date Received & Ref : <b>05/26/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Purchased & Ref : <b>06/05/20 PO#01A2608</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Received & Ref : <b>06/05/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Purchased & Ref : <b>06/10/20 PO#01208543</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Received & Ref : <b>06/24/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Purchased & Ref : <b>07/31/20 PO#9134</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Received & Ref : <b>07/31/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>ATRIPLA TAB 30CT</b>			Reference Number: <u>01I32431</u> Document Type: <u>INVOICE</u> Reference Date: <u>07/31/2020</u>											
NDC: 15584-0101-01														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Lot Number</th> <th style="width: 33%;">Quantity</th> <th style="width: 33%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>015850</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	015850	1									
Lot Number	Quantity	Unique Serial #												
015850	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref :      09/04/20      01S30114001	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref :      09/04/20      01S30114001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :      06/05/20      PO#01A2608	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :      06/05/20
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
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- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>ATRIPLA TAB 30CT</b>			Reference Number: <b>01132431</b>											
NDC: <b>15584-0101-01</b>			Document Type: <b>INVOICE</b>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Lot Number</th> <th style="width: 30%;">Quantity</th> <th style="width: 40%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>016666</td> <td style="text-align: center;">1 ✓</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	016666	1 ✓								Reference Date: <b>07/29/2020</b>	
Lot Number	Quantity	Unique Serial #												
016666	1 ✓													

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 WHEELER AVENUE LA VERNE, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref : <b>05/05/20 PO#159649</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref : <b>05/08/20</b>
<b>SOLD TO:</b> Name: <b>LMP Pharmacy</b> Address: <b>7535 Main Str Flushing, NY 11367</b>  Date Purchased & Ref : <b>05/29/20 PO#5254</b>	<b>SHIPPED TO:</b> Name: <b>LMP Pharmacy</b> Address: <b>7535 Main Str Flushing, NY 11367</b>  Date Received & Ref : <b>05/29/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref : <b>06/02/20 PO#01A2597</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref : <b>06/02/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref : <b>06/10/20 PO#01208593</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref : <b>06/26/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref : <b>07/29/20 PO#9125</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref : <b>07/29/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>ATRIPLA TAB 30CT</b>			Reference Number: <u>01I32431</u> Document Type: <u>INVOICE</u> Reference Date: <u>07/29/2020</u>											
NDC: 15584-0101-01														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Lot Number</th> <th style="width: 33%;">Quantity</th> <th style="width: 33%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>016666</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	016666	1									
Lot Number	Quantity	Unique Serial #												
016666	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref :      09/04/20      01S30114001	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC</b> Address: <b>5901 W OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref :      09/04/20      01S30114001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

**Drug Supply Chain Security Act Document** Doc# 00000015544**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC			Reference Number: 01132431
NDC: 15584-0101-01			Document Type: Invoice
Lot Number	Quantity	Unique Serial #	Reference Date: 09/04/20
016332	1		

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES  
 Manufacturer's information: 1800 WHEELER AVENUE LA VERNE, CA 91750

<b>SOLD TO:</b> Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1500 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 5/6/20 PO#159652	<b>SHIPPED TO:</b> Name: INDEPENDENT PHARMACY COOPERATIVE Address: 1500 COLUMBUS STREET SUN PRAIRIE, WI 53590 Date Purchased & Ref : 5/6/20 PO#159652
<b>SOLD TO:</b> Name: STAINRX Address: 807 STANLEY AVENUE BROOKLYN, NY 11207 Date Purchased & Ref : 5/18/20 PO#1SN3315	<b>SHIPPED TO:</b> Name: STAINRX Address: 807 STANLEY AVENUE BROOKLYN, NY 11207 Date Purchased & Ref : 5/18/20 PO#1SN3315
<b>SOLD TO:</b> Name: BNR WHOLESALER Address: 3858 NOSTRAND AVENUE BROOKLYN, NY 11235 Date Purchased & Ref : 05/22/20 PO#01A2566	<b>SHIPPED TO:</b> Name: BNR WHOLESALER Address: 3858 NOSTRAND AVENUE BROOKLYN, NY 11235 Date Purchased & Ref : 05/22/20 01S30114001
<b>SOLD TO:</b> Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 5/27/20 PO#01208268	<b>SHIPPED TO:</b> Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref : 06/08/20 PO#01208268
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 07/31/20 PO#01209513	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 07/31/20 RC#013890

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;  
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
 (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;  
 (D) did not knowingly ship a suspect or illegitimate product;  
 (E) had systems and processes in place to comply with verification requirements under section 582;  
 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

Doc# 00000015544

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC			Reference Number: <u>01I32431</u>											
NDC: 15584-0101-01			Document Type: <u>Invoice</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Lot Number</th> <th style="width: 33%;">Quantity</th> <th style="width: 33%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>016332</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	016332	1								Reference Date: <u>09/04/20</u>	
Lot Number	Quantity	Unique Serial #												
016332	1													

## (TH) Transaction History (Continued)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/04/20 01S30114001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/04/20 01S30114001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



**Drug Supply Chain Security Act Document** Doc# 00000015855**(TI) Transaction Information**

Drug Name, Strength, Dosage Form, Container Size: STRIBILD TAB 30CT, 150/150/200/300 MG NDC: 61958-1201-01			Reference Number: 01I32805
			Document Type: Invoice
			Reference Date: 09/11/20
Lot Number	Quantity	Unique Serial #	
016341	1 ✓		

**(TH) Transaction History**

Manufacturer's Name: GILEAD SCIENCES, INC  
 Manufacturer's information: 1800 WHEELER AVENUE LA VERNA, CA 91750

<b>SOLD TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref : 09/1/20 114221	<b>SHIPPED TO:</b> Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref : 09/1/20 114221
<b>SOLD TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref : 09/04/20 85115	<b>SHIPPED TO:</b> Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref : 09/04/20 85115
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 09/10/20 PO#01209685	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 09/10/20 RC#014110
<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/11/20 01S30135001	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/11/20 01S30135001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;  
 (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;  
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 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE</b>			Reference Number: <b>01132561</b>
NDC: <b>49702-0231-13</b>			Document Type: <b>INVOICE</b>
Reference Date: <b>09/08/2020</b>			
Lot Number	Quantity	Unique Serial #	
PL3D	2 ✓		
VW6H	1 ✓		
PG9F	2 ✓		

## (TH) Transaction History

Manufacturer's Name: **ViiV Healthcare**

Manufacturer's information: **Five Moore Drive, Research Triangle Park, North Carolina 27709-3398**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref : <b>07/22/20 PO#160092</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref : <b>07/22/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Purchased & Ref : <b>08/12/20 PO#1SN3515</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Received & Ref : <b>08/12/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref : <b>08/24/20 PO#01A2820</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref : <b>08/24/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref : <b>09/02/20 PO#01209608</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref : <b>09/02/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref : <b>09/08/20 PO#9268</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref : <b>09/08/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE</b>			Reference Number: <u>01I32561</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/08/2020</u>											
NDC: 49702-0231-13														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Lot Number</th> <th style="width: 20%;">Quantity</th> <th style="width: 50%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>PL3D</td> <td>2</td> <td></td> </tr> <tr> <td>VW6H</td> <td>1</td> <td></td> </tr> <tr> <td>PG9F</td> <td>2</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	PL3D	2		VW6H	1		PG9F	2			
Lot Number	Quantity	Unique Serial #												
PL3D	2													
VW6H	1													
PG9F	2													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/08/20 01S29942002	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/08/20 01S29942002
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
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- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE</b>			Reference Number: <b>01132561</b>
NDC: <b>49702-0231-13</b>			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/08/2020</b>
KD2R	1 ✓		
X46V	1 ✓		
V59A	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **ViiV Healthcare**

Manufacturer's information: **Five Moore Drive, Research Triangle Park, North Carolina 27709-3398**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref : <b>07/29/20 PO#160125</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref : <b>07/29/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Purchased & Ref : <b>08/10/20 PO#1SN3510</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Received & Ref : <b>08/10/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref : <b>08/21/20 PO#01A2802</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref : <b>08/21/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref : <b>09/02/20 PO#01209608</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref : <b>09/02/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref : <b>09/08/20 PO#9268</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref : <b>09/08/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED</b> in 1 BOTTLE			Reference Number: <u>01I32561</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/08/2020</u>											
NDC: 49702-0231-13														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Lot Number</th> <th style="width: 33%;">Quantity</th> <th style="width: 33%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>KD2R</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>X46V</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>V59A</td> <td style="text-align: center;">1</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	KD2R	1		X46V	1		V59A	1			
Lot Number	Quantity	Unique Serial #												
KD2R	1													
X46V	1													
V59A	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/08/20 01S29942002	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/08/20 01S29942002
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>TRIUQUEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE</b>			Reference Number: <b>01I32561</b>
NDC: 49702-0231-13			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/08/2020</b>
WE7K	1 ✓		
SE9Y	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **ViiV Healthcare**

Manufacturer's information: **Five Moore Drive, Research Triangle Park, North Carolina 27709-3398**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref : <b>07/23/20 PO#160098</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref : <b>07/23/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Purchased & Ref : <b>08/07/20 PO#1SN3508</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Received & Ref : <b>08/07/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref : <b>08/25/20 PO#01A2828</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref : <b>08/25/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref : <b>09/02/20 PO#01209608</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref : <b>09/02/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref : <b>09/08/20 PO#9268</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref : <b>09/08/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE</b>			Reference Number: <u><b>01132561</b></u> Document Type: <u><b>INVOICE</b></u> Reference Date: <u><b>09/08/2020</b></u>											
NDC: <b>49702-0231-13</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>WE7K</td> <td>1</td> <td></td> </tr> <tr> <td>SE9Y</td> <td>1</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	WE7K	1		SE9Y	1						
Lot Number	Quantity	Unique Serial #												
WE7K	1													
SE9Y	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC 5901 W</b> Address: <b>OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Purchased & Ref : <b>09/08/20 01S29942002</b>	<b>SHIPPED TO:</b> Name: <b>OLYMPIA PLAZA PHARMACY INC 5901 W</b> Address: <b>OLYMPIC BLVD STE 103</b> <b>LOS ANGELES CA 90036</b> Date Received & Ref : <b>09/08/20 01S29942002</b>
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

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- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01132561</b>											
NDC: 61958-2101-01			Document Type: <b>INVOICE</b>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Lot Number</th> <th style="width: 20%;">Quantity</th> <th style="width: 50%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>020236</td> <td style="text-align: center;">2 ✓</td> <td></td> </tr> <tr> <td>020236 5</td> <td style="text-align: center;">2 ✓</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	020236	2 ✓		020236 5	2 ✓					Reference Date: <b>09/08/2020</b>	
Lot Number	Quantity	Unique Serial #												
020236	2 ✓													
020236 5	2 ✓													

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 WHEELER AVE LA VERNE, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Purchased & Ref :      07/24/20      PO#160103	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b>  Date Received & Ref :      07/24/20
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Purchased & Ref :      08/13/20      PO#1SN3517	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b>  Date Received & Ref :      08/13/20
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Purchased & Ref :      08/20/20      PO#01A2798	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b>  Date Received & Ref :      08/20/20
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Purchased & Ref :      09/02/20      PO#01209608	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b>  Date Received & Ref :      09/02/20
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Purchased & Ref :      09/08/20      PO#9268	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b>  Date Received & Ref :      09/08/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01I32561</b>											
NDC: 61958-2101-01			Document Type: <b>INVOICE</b>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Lot Number</th> <th style="width: 33%;">Quantity</th> <th style="width: 33%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>020236</td> <td>2</td> <td></td> </tr> <tr> <td>020235</td> <td>2</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	020236	2		020235	2					Reference Date: <b>09/08/2020</b>	
Lot Number	Quantity	Unique Serial #												
020236	2													
020235	2													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/08/20 01S29942002	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/08/20 01S29942002
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>SYMTUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED</b> <b>30 TABLET, FILM COATED in 1 BOTTLE</b> NDC: 59676-0800-30			Reference Number: <u>01I32699</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/10/2020</u>
Lot Number	Quantity	Unique Serial #	
20EG062	3 ✓		
20GG131	2 ✓		
20AG853X	1 ✓		

## (TH) Transaction History

Manufacturer's Name: Janssen Pharmaceuticals, Inc.  
Manufacturer's information: 1000 U.S. Route 202 South, Raritan, NJ 08869

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street</b> <b>Sun Prairie, WI 53590</b>  Date Purchased & Ref : 07/29/20 PO#160125	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street</b> <b>Sun Prairie, WI 53590</b>  Date Received & Ref : 07/29/20
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave</b> <b>Brooklyn, NY 11207</b>  Date Purchased & Ref : 08/18/20 PO#1SN3523	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave</b> <b>Brooklyn, NY 11207</b>  Date Received & Ref : 08/18/20
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave</b> <b>Brooklyn, NY 11235</b>  Date Purchased & Ref : 08/30/20 PO#01A2861	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave</b> <b>Brooklyn, NY 11235</b>  Date Received & Ref : 08/30/20
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11</b> <b>REGO PARK, NY 11374</b>  Date Purchased & Ref : 09/09/20 PO#01209667	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11</b> <b>REGO PARK, NY 11374</b>  Date Received & Ref : 09/09/20
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR</b> <b>CAMBRIDGE MD 21613</b>  Date Purchased & Ref : 09/10/20 PO#9273	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR</b> <b>CAMBRIDGE MD 21613</b>  Date Received & Ref : 09/10/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>SYMITUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED</b> <b>30 TABLET, FILM COATED in 1 BOTTLE</b> NDC: 59676-0800-30			Reference Number: <u>01I32699</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/10/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>20EG062</td> <td>3</td> <td></td> </tr> <tr> <td>20GG131</td> <td>2</td> <td></td> </tr> <tr> <td>20AG853X</td> <td>1</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	20EG062	3		20GG131	2		20AG853X	1			
Lot Number	Quantity	Unique Serial #												
20EG062	3													
20GG131	2													
20AG853X	1													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/10/20 01S29942004	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/10/20 01S29942004
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>SYM TUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED</b> <b>30 TABLET, FILM COATED in 1 BOTTLE</b> NDC: 59676-0800-30			Reference Number: <u>01132699</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/10/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>19MG726</td> <td>9 ✓</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	19MG726	9 ✓									
Lot Number	Quantity	Unique Serial #												
19MG726	9 ✓													

## (TH) Transaction History

Manufacturer's Name: Janssen Pharmaceuticals, Inc.  
 Manufacturer's information: 1000 U.S. Route 202 South, Raritan, NJ 08869

<b>SOLD TO:</b> Name: Independent Pharmacy Cooperative Address: 1550 Columbus Street Sun Prairie, WI 53590 Date Purchased & Ref : 07/30/20 PO#160129	<b>SHIPPED TO:</b> Name: Independent Pharmacy Cooperative Address: 1550 Columbus Street Sun Prairie, WI 53590 Date Received & Ref : 07/30/20
<b>SOLD TO:</b> Name: StainRx Address: 807 Stanley Ave Brooklyn, NY 11207 Date Purchased & Ref : 08/21/20 PO#1SN3529	<b>SHIPPED TO:</b> Name: StainRx Address: 807 Stanley Ave Brooklyn, NY 11207 Date Received & Ref : 08/21/20
<b>SOLD TO:</b> Name: BNR Wholesaler Address: 3858 Nostrand Ave Brooklyn, NY 11235 Date Purchased & Ref : 08/28/20 PO#01A2849	<b>SHIPPED TO:</b> Name: BNR Wholesaler Address: 3858 Nostrand Ave Brooklyn, NY 11235 Date Received & Ref : 08/28/20
<b>SOLD TO:</b> Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 Date Purchased & Ref : 09/09/20 PO#01209667	<b>SHIPPED TO:</b> Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 Date Received & Ref : 09/09/20
<b>SOLD TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref : 09/10/20 PO#9273	<b>SHIPPED TO:</b> Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref : 09/10/20

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
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- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>SYMITUZA 30CT , 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED</b> <b>30 TABLET, FILM COATED in 1 BOTTLE</b> NDC: 59676-0800-30			Reference Number: <u>01I32699</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/10/2020</u>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>19MG726</td> <td>9</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	19MG726	9									
Lot Number	Quantity	Unique Serial #												
19MG726	9													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/10/20 01S29942004	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/10/20 01S29942004
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :
<b>SOLD TO:</b> Name: Address:  Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address:  Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01132699</b>
NDC: 61958-2501-01			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/10/2020</b>
CDGWYA	1 ✓		
CCZCFA	3 ✓		
022534	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 Wheeler Avenue, La Verne, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Purchased & Ref : <b>07/31/20 PO#160135</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Received & Ref : <b>07/31/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Purchased & Ref : <b>08/18/20 PO#1SN3523</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Received & Ref : <b>08/18/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Purchased & Ref : <b>08/25/20 PO#01A2828</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Received & Ref : <b>08/25/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Purchased & Ref : <b>09/09/20 PO#01209667</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Received & Ref : <b>09/09/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Purchased & Ref : <b>09/10/20 PO#9273</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Received & Ref : <b>09/10/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;  
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 (E) had systems and processes in place to comply with verification requirements under section 582;  
 (F) did not knowingly provide false transaction information; and  
 (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <u>01I32699</u>
NDC: 61958-2501-01			Document Type: <u>INVOICE</u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u>09/10/2020</u>
CDGWYA	1		
CCZCFA	3		
022534	1		

## (TH) Transaction History

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/10/20 01S29942004	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/10/20 01S29942004
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01I32699</b>
NDC: 61958-2501-01			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/10/2020</b>
CCZBZA	3 ✓		
CDFXXA	7 ✓		
CCZBWA	4 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 Wheeler Avenue, La Verne, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Purchased & Ref : <b>07/28/20 PO#160120</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Received & Ref : <b>07/28/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Purchased & Ref : <b>08/14/20 PO#1SN3519</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Received & Ref : <b>08/14/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Purchased & Ref : <b>08/26/20 PO#01A2835</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Received & Ref : <b>08/26/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Purchased & Ref : <b>09/09/20 PO#01209667</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Received & Ref : <b>09/09/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Purchased & Ref : <b>09/10/20 PO#9273</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Received & Ref : <b>09/10/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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- (G) did not knowingly alter the transaction history.



# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01I32699</b>											
NDC: 61958-2501-01			Document Type: <b>INVOICE</b>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Lot Number</th> <th style="width: 20%;">Quantity</th> <th style="width: 50%;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>CCZBZA</td> <td>3</td> <td></td> </tr> <tr> <td>CDFXXA</td> <td>7</td> <td></td> </tr> <tr> <td>CCZBWA</td> <td>4</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	CCZBZA	3		CDFXXA	7		CCZBWA	4		Reference Date: <b>09/10/2020</b>	
Lot Number	Quantity	Unique Serial #												
CCZBZA	3													
CDFXXA	7													
CCZBWA	4													

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/10/20 01S29942004	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/10/20 01S29942004
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01132699</b>
NDC: <b>61958-2501-01</b>			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/10/2020</b>
CDFYDA	3 ✓		
CCZCBA	1 ✓		
CDFXYA	2 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 Wheeler Avenue, La Verne, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Purchased & Ref : <b>07/21/20 PO#160086</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Received & Ref : <b>07/21/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Purchased & Ref : <b>08/12/20 PO#1SN3515</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Received & Ref : <b>08/12/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Purchased & Ref : <b>08/21/20 PO#01A2802</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Received & Ref : <b>08/21/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Purchased & Ref : <b>09/09/20 PO#01209667</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Received & Ref : <b>09/09/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Purchased & Ref : <b>09/10/20 PO#9273</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Received & Ref : <b>09/10/20</b>

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <u>01I32699</u>
NDC: 61958-2501-01			Document Type: <u>INVOICE</u>
Lot Number	Quantity	Unique Serial #	Reference Date: <u>09/10/2020</u>
CDFYDA	3		
CCZCBA	1		
CDFXYA	2		

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/10/20 01S29942004	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/10/20 01S29942004
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01132699</b>
NDC: 61958-2501-01			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/10/2020</b>
CCZCDA	1 ✓		
CDFYFA	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 Wheeler Avenue, La Verne, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Purchased & Ref : <b>07/29/20 PO#160125</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Received & Ref : <b>07/29/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Purchased & Ref : <b>08/17/20 PO#1SN3521</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Received & Ref : <b>08/17/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Purchased & Ref : <b>08/26/20 PO#01A2835</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Received & Ref : <b>08/26/20</b>
<b>SOLD TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Purchased & Ref : <b>09/09/20 PO#01209667</b>	<b>SHIPPED TO:</b> Name: <b>BOULEVARD 9229 LLC</b> Address: <b>9229 QUEENS BLVD STE 11 REGO PARK, NY 11374</b> Date Received & Ref : <b>09/09/20</b>
<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Purchased & Ref : <b>09/10/20 PO#9273</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Received & Ref : <b>09/10/20</b>

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# Drug Supply Chain Security Act Document

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01I32699

NDC: 61958-2501-01

Document Type: INVOICE

Reference Date: 09/10/2020

Lot Number	Quantity	Unique Serial #
CCZCDA	1	
CDFYFA	1	

## (TH) Transaction History (Cont.)

### SOLD TO:

Name: OLYMPIA PLAZA PHARMACY INC 5901 W  
Address: OLYMPIC BLVD STE 103  
LOS ANGELES CA 90036

Date Purchased &amp; Ref : 09/10/20 01S29942004

### SHIPPED TO:

Name: OLYMPIA PLAZA PHARMACY INC 5901 W  
Address: OLYMPIC BLVD STE 103  
LOS ANGELES CA 90036

Date Received &amp; Ref : 09/10/20 01S29942004

### SOLD TO:

Name:  
Address:

Date Purchased &amp; Ref :

### SHIPPED TO:

Name:  
Address:

Date Received &amp; Ref :

### SOLD TO:

Name:  
Address:

Date Purchased &amp; Ref :

### SHIPPED TO:

Name:  
Address:

Date Received &amp; Ref :

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Name:  
Address:

Date Purchased &amp; Ref :

### SHIPPED TO:

Name:  
Address:

Date Received &amp; Ref :

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Name:  
Address:

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Address:

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# Drug Supply Chain Security Act Document

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Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <b>01132699</b>
NDC: 61958-2501-01			Document Type: <b>INVOICE</b>
Lot Number	Quantity	Unique Serial #	Reference Date: <b>09/10/2020</b>
6341502A	1 ✓		
CCZCCA	1 ✓		
6341501A	1 ✓		

## (TH) Transaction History

Manufacturer's Name: **Gilead Sciences, Inc.**  
 Manufacturer's information: **1800 Wheeler Avenue, La Verne, CA 91750**

<b>SOLD TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Purchased & Ref : <b>07/29/20 PO#160125</b>	<b>SHIPPED TO:</b> Name: <b>Independent Pharmacy Cooperative</b> Address: <b>1550 Columbus Street Sun Prairie, WI 53590</b> Date Received & Ref : <b>07/29/20</b>
<b>SOLD TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Purchased & Ref : <b>08/20/20 PO#1SN3527</b>	<b>SHIPPED TO:</b> Name: <b>StainRx</b> Address: <b>807 Stanley Ave Brooklyn, NY 11207</b> Date Received & Ref : <b>08/20/20</b>
<b>SOLD TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Purchased & Ref : <b>08/24/20 PO#01A2820</b>	<b>SHIPPED TO:</b> Name: <b>BNR Wholesaler</b> Address: <b>3858 Nostrand Ave Brooklyn, NY 11235</b> Date Received & Ref : <b>08/24/20</b>
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<b>SOLD TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Purchased & Ref : <b>09/10/20 PO#9273</b>	<b>SHIPPED TO:</b> Name: <b>SAFE CHAIN SOLUTIONS, LLC</b> Address: <b>822 CHESAPEAKE DR CAMBRIDGE MD 21613</b> Date Received & Ref : <b>09/10/20</b>

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# Drug Supply Chain Security Act Document

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Drug Name, Strength, Dosage Form, Container Size: <b>BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC</b>			Reference Number: <u>01I32699</u> Document Type: <u>INVOICE</u> Reference Date: <u>09/10/2020</u>												
NDC: 61958-2501-01															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lot Number</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Unique Serial #</th> </tr> </thead> <tbody> <tr> <td>6341502A</td> <td>1</td> <td></td> </tr> <tr> <td>CCZCCA</td> <td>1</td> <td></td> </tr> <tr> <td>6341501A</td> <td>1</td> <td></td> </tr> </tbody> </table>	Lot Number	Quantity	Unique Serial #	6341502A	1		CCZCCA	1		6341501A	1				
Lot Number	Quantity	Unique Serial #													
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CCZCCA	1														
6341501A	1														

## (TH) Transaction History (Cont.)

<b>SOLD TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Purchased & Ref : 09/10/20 01S29942004	<b>SHIPPED TO:</b> Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 Date Received & Ref : 09/10/20 01S29942004
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

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## SAFE CHAIN RETURN FORM 9-30-2020

NDC #	Product & Description	QUANTITY RECEIVED	QUANTITY RETURNED	WAC	DISCOUNT (%)	PRICE	EXT. AMOUNT
15584-0101-01	ATRIPLA 200-300-600MG	3	3	\$2,994.71	5.00%	\$2,844.97	\$8,534.92
61958-2501-01	BIKTARVY TAB50/200/25MG	30	30	\$3,238.31	5.00%	\$3,076.39	\$92,291.84
61958-1101-01	COMPLERA TAB 30 - HIV			\$2,947.11	5.00%	\$2,799.75	\$0.00
61958-2002-01	Descovy 200-25 MG Tablet	50	42	\$1,842.28	5.00%	\$1,750.17	\$73,506.97
49702-0246-13	Dovato 50/300mg			\$2,408.37	5.00%	\$2,287.95	\$0.00
61958-1901-01	Genvoya Tablet	5	5	\$3,238.31	5.00%	\$3,076.39	\$15,381.97
59676-0571-01	Intelence 200mg Tablet			\$1,383.82	5.00%	\$1,314.63	\$0.00
00006-0227-61	ISENTRESS 400 MG TAB 60			\$1,653.12	5.00%	\$1,570.46	\$0.00
00006-3080-01	ISENTRESS 600MG TABLET			\$1,653.12	5.00%	\$1,570.46	\$0.00
49702-0242-13	Juluca 60-25 MG Tablet			\$2,841.72	5.00%	\$2,699.63	\$0.00
61958-2101-01	Odefsey Tablet	4	4	\$2,947.11	5.00%	\$2,799.75	\$11,199.02
59676-0575-30	Prezcobix 800MG 150MG Tablet			\$2,018.20	5.00%	\$1,917.29	\$0.00
59676-0562-01	PREZISTA 600 MG TAB 60 - HIV			\$1,765.73	5.00%	\$1,677.44	\$0.00
59676-0566-30	PREZISTA 800 MG TABLET			\$1,765.73	5.00%	\$1,677.44	\$0.00
49702-0223-18	SELZENTRY TAB 150MG 60			\$1,556.20	5.00%	\$1,478.39	\$0.00
61958-1201-01	STRIBILD 150-150-200-300MG	1	1	\$3,396.99	5.00%	\$3,227.14	\$3,227.14
59676-0800-30	Symtuza 800-150-200-10MG	15	15	\$3,889.76	5.00%	\$3,695.27	\$55,429.08
49702-0228-13	Tivicay			\$1,826.47	5.00%	\$1,735.15	\$0.00
49702-0231-13	Triumeq	10	10	\$3,032.09	5.00%	\$2,880.49	\$28,804.86
61958-0701-01	Truvada			\$1,842.28	5.00%	\$1,750.17	\$0.00

RETURNED TOTAL

\$288,375.80